Effective October 1, 2001 10038742																		
			SMALL I	NTITY	OR	OTHER SMALL												
TOTAL CLAIMS			41					RATE	FEE		RATE	FEE						
FOR			NUMBER FILED		NUMBER EXTRA		i	BASIC FE	€ 370.00	OR	Basic Fee	740.00						
TOTAL CHARGEABLE CLAIMS			3 / minus 20=		. 51			X\$ 9=		OR	X\$18=	918.	o V					
INDEPENDENT CLAIMS			# minus 3 =		' /			X42=	1	OR	X84=	84.0	D					
MULTIPLE DEPENDENT CLAIM PRESENT						,	+140=		OR	+280=	8							
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1742	00					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL							
AMENDMENTA	11-10-06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE	ADDI- TIONAL FEE						
	Total	.71	Minus	••	7/,	= /		X\$ 9=		OR	X\$18=		1					
	Independent	NTATION OF M	Minus	••• (VCI AIM	· /		X42≈		OR	X84=							
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=							
· ·								TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE							
		(Column 1)			mn 2) HEST	(Column 3)	3		. 									
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
	Total	. 71	Minus	**	11			X\$ 9=		OR	X\$18=							
	Independent	• 4	Minus	***	<u> </u>	-	1	X42=		OR	X84=		1					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280≈		1					
								TOTA		OR	TOTAL		1					
		(Column 1)		(Colu	ന്ന <u>െ</u> 2)	(Column 3)	1	ADDIT. FE	:	•	ADDIT. FEE	·	1					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE						
	Total	•	Minus	**			1	X\$ 9=	1	OR	X\$18=		1					
ME	Independent	•	Minus	***		=		X42=	1		X84=		1					
٥	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM]	A46=	+	OR	^04=	 	1					
+140= OR +280=																		
	lf the "Highest Nu "If the "Highest Nu	mber Previously P	aid For IN TH	S SPACE	is less that is less th	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **To The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number